

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN - NORTHERN DIVISION**

In re:

Howard Deal & Julie Deal,

Debtor(s),

Case No. 13-21498

Chapter 13 Proceeding

Hon. Daniel S. Opperman

**OBJECTION TO PROOF OF CLAIM 13-1 -
MICHIGAN DEPARTMENT OF TREASURY, BANKRUPTCY UNIT**

NOW COMES the Debtors, **Howard Deal and Julie Deal**, by and through their counsel, KIMBERLY A. KRAMER, P.L.C., by KIMBERLY A. KRAMER, and for their Objection state as follows:

1. That Michigan Department of Treasury, Bankruptcy Unit filed Proof of Claim 13-1 on August 30, 2013 alleging \$847.86 due; (Exhibit "A")
2. That Debtors returns show she received a refund of \$1,088.00; (Exhibit "B")
3. That by way of further information the State of Michigan explained that Debtor's 2010 refund was calculated based in part on a \$778.00 property tax credit which was later disallowed; (Exhibit "C")
4. That the State of Michigan reasoned that the credit was disallowed because "spousal" income was not included on the return; (Exhibit "C")
5. That Debtors were not married in 2010; (Exhibit "D")
6. That a proposed Order is attached; (Exhibit "E")

WHEREFORE, Debtors respectfully request this Honorable Court sustain their Objection and disallow the claim in total.

Dated: September 26, 2013

Respectfully Submitted,
KIMBERLY KRAMER, P.L.C.
/s/ Kimberly A. Kramer
KIMBERLY A. KRAMER (P59045)
Attorney for Debtor
916 Washington Avenue, Suite 320
Bay City, MI 48708
(989) 671-4333
Kimberlykramerplc@sbcglobal.net

A

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Eastern District of Michigan		PROOF OF CLAIM
Name of Debtor: JULIE A DEAL 8407 NUTHATCH DR FREELAND, MI 48623	Case Number: 13-21498 DOB	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): MICHIGAN DEPARTMENT OF TREASURY		
Name and address where notices should be sent: MICHIGAN DEPARTMENT OF TREASURY, BANKRUPTCY UNIT P.O. BOX 30168 LANSING, MI 48909		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Telephone number: (517) 241-5002 email:		
Name and address where payment should be sent (if different from above): MICHIGAN DEPARTMENT OF TREASURY/REVENUE/AG P.O. BOX 30456 LANSING, MI 48909-7955		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: (517) 241-5002 email:		
1. Amount of Claim as of Date Case Filed: \$ <u>847.86</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>TAXES</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center;">6 0 6 0</div>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)().
Amount entitled to priority: \$ <u>847.86</u>		
<small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Case 13-21498-dob Claim 13-1 Filed 08/30/13 Page 1 of 3

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.
(See Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: SANDRA BRAUN

Title: DEPARTMENTAL TECHNICIAN

Company: MICHIGAN DEPARTMENT OF TREASURY

Address and telephone number (if different from notice address above):

(Signature)

08/28/2013

(Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

2010 MICHIGAN Individual Income Tax Return MI-1040**Return is due April 18, 2011.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

1. Filer's First Name JULIE		M.I. A	Last Name CROOK		2. Filer's Social Security No. (Example: 123-45-6789) — — 6060	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Social Security No. (Example: 123-45-6789) — —	
Home Address (No., Street, P.O. Box or Rural Route) 8407 NUTHATCH DR.						4. School District Code (5 digits - see p. 49) 73200
City or Town FREELAND			State MI	ZIP Code 48623		

5. STATE CAMPAIGN FUND

Check this box if you (or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.

	Yes	No
a. You	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Spouse	<input type="checkbox"/>	<input type="checkbox"/>

6. FARMERS, FISHERMEN OR SEAFARERS☐ Check this box if 2/3 of your income is from farming, fishing or seafaring.**7. FILING STATUS.** Check one.a. ☒ Singleb. ☐ Married, filing jointlyc. ☐ Married, filing separately*

* If you check box "c," complete line 3 and enter spouse's name below:

8. RESIDENCY. Check all that apply.a. ☒ Residentb. ☐ Nonresident*c. ☐ Part-Year Resident*

* If you check box "b" or "c," you must complete and attach Schedule NR.

9. EXEMPTIONS

a. Number of exemptions you claimed on your 2010 federal return.....	9a.	2	x \$3,600	7,200.	00
b. Number of individuals 65 or older who qualify for a special exemption.....	9b.		x \$2,300		00
c. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9c.		x \$2,300		00
d. Number of children ages 18 and under you claimed as Michigan exemptions.....	9d.	1	x \$600	600.	00
e. Number of qualified disabled veterans.....	9e.		x \$300		00
f. If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check (X) the box and enter \$2,300.....	9f.	<input type="checkbox"/>	\$2,300		00
g. If someone else can claim you as a dependent, check (X) the box, complete Worksheet 2 on p.10, and enter the amount from the worksheet.....	9g.	<input type="checkbox"/>		9g.	00
h. Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15.....	9h.			7,800.	00

10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see p. 10)....	10.	26,394.	00
11. Additions from Michigan Schedule 1, line 7. Attach Schedule 1.....	11.		00
12. Total. Add lines 10 and 11.....	12.	26,394.	00
13. Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1.....	13.	24.	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".	14.	26,370.	00
15. Exemption allowance. Amount from line 9h or Schedule NR, line 20.....	15.	7,800.	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	18,570.	00
17. Tax. Multiply line 16 by 4.35% (0.0435).....	17.	808.	00
18. Total Nonrefundable Credits. Amount from Schedule 2, line 11. Attach Schedule 2.....	18.	7.	00
19. Income Tax. Subtract line 18 from line 17. If line 18 is greater than line 17, enter "0".....	19.	801.	00

DIRECT DEPOSIT

Deposit your refund directly into your bank account! See p. 11 and complete a, b and c.

a. Routing Transit Number
c. Account Number

b. Type of Account
(1) ☒ Checking (2) ☐ Savings


REV 11/9/10 TTW

+ 1555 2010 05 01 27 3

Continue on page 2. This form cannot be processed if page 2 is not completed and attached.

Filer's Social Security Number

6060

20. Enter amount of Income Tax from line 19.....	20.	801.00
21. Voluntary Contributions from Form 4642, line 11. Attach Form 4642.....	21.	00
22. USE Use tax due on Internet, mail order or other TAX out-of-state purchases from Worksheet 1, line 3, p. 9.	22.	0.00
23. Add lines 20, 21 and 22.....	23.	801.00

REFUNDABLE CREDITS AND PAYMENTS

24. Property Tax Credit. Attach MI-1040CR or MI-1040CR-2.....	24.	778.00
25. Farmland Preservation Credit. Attach MI-1040CR-5.....	25.	00
26. Qualified Adoption Expenses. Attach U.S. Form 8839 and MI-8839.....	26.	00
27. Stillbirth Credit. Amount from Worksheet 3, line B, p. 11.....	27.	00
28. a. Federal Earned Income Tax Credit.....	28a.	1,464.00
b. Michigan Earned Income Tax Credit. Multiply line 28a by 20% (0.20).....	28b.	293.00
29. Energy Efficient Qualified Home Improvement Credit. Attach Form 4764.....	29.	00
30. Michigan Historic Preservation Tax Credit (refundable). Attach Form 3581.....	30.	00
31. Michigan tax withheld from Schedule W, line 3. Attach Schedule W (do not submit W-2's).....	31.	818.00
32. Estimated tax, extension payments and 2009 credit forward.....	32.	00
33. Total refundable credits and payments. Add lines 24 through 27, 28b, and 29 through 32.....	33.	1,889.00

REFUND OR TAX DUE

34. If line 33 is less than line 23, subtract line 33 from line 23. Include interest and penalty if applicable (see p. 11).... YOU OWE	34.	00
35. Overpayment. If line 33 is greater than line 23, subtract line 23 from line 33.....	35.	1,088.00
36. Credit Forward. Amount of line 35 to be credited to your 2011 estimated tax for your 2011 tax return.....	36.	00
37. Subtract line 36 from line 35..... REFUND	37.	1,088.00

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2009, check the appropriate box below.
☐ Filer is Deceased
 ☐ Spouse is Deceased
Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

☐ I authorize Treasury to discuss my return with my preparer.
 ☐ Yes
 ☐ No
Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN

Preparer's Business Name (print or type)

SELF PREPARED

Preparer's Business Address (print or type)

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, P.O. Box 30726, Lansing, MI 48909-8226**
Pay amount on line 34. Mail your check and return to: **Michigan Department of Treasury, P.O. Box 30727, Lansing, MI 48909-8227**

Make your check payable to "State of Michigan." Print your **Social Security number** and "2010 income tax" on the front of your check. If paying on behalf of another taxpayer, **write the taxpayer's name and Social Security number** on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years. To check the status of your refund, have a copy of your MI-1040 available when you visit: www.michigan.gov/iit

REV 11/9/10 TTW

+ 1555 2010 05 02 27 1

Bill for Taxes Due

(Intent to Assess)

Issued under P.A. 122 of 1941, as amended.

* For monthly PENALTY/INTEREST provisions,
correspondence, and informal conference
information, see page 2.

Tax Division INDIVIDUAL	Tax Division Telephone Number 517-636-4486
Assessment Number TV98989	Date Issued 07/05/13
Social Security/Account Number - 6060	
Collection Division Telephone Number 517-636-5265	

DEAL JULIE A
8407 NUTHATCH DRIVE
FREELAND MI 48623

BILL SUMMARY

Tax Due	\$	778.00
Penalty	\$	0.00
Interest	\$	73.19
Total Due *	\$	851.19

Detail of Tax Liability

Type of Tax	Taxable Period	Tax Due	Penalty	Interest
INCOME TAX 2010 MI-1040 CR INTEREST ONLY	2010	778.00	0.00	73.19

Reason for Tax Bill

HOMESTEAD PROPERTY TAX AND/OR HOME HEATING CREDIT **DISALLOWED**. **SPOUSES** THAT FILE SEPARATE MICHIGAN INCOME TAX RETURNS AND SHARE A HOUSEHOLD ARE ENTITLED TO ONE PROPERTY TAX CREDIT. THE PROPERTY TAX CREDIT CLAIM SHOULD BE COMPLETED JOINTLY AND INCLUDE INCOME FROM BOTH SPOUSES. IF YOU DISAGREE WITH THE DENIAL, PROVIDE DOCUMENTATION TO SUPPORT YOUR CLAIM. INCLUDE COPIES OF YOUR SPOUSES W-2'S, 1099S, FEDERAL RETURNS, ETC.

168 (Rev. 4-10)


Detach and mail the payment voucher with your payment. Do not staple.

Bill for Taxes Due

Payment due within 30 days (see penalty and interest provisions on page 2). Make your check payable to "State of Michigan-CD." Write your Social Security/Account No. and Assessment No. on all checks and correspondence. Allow up to 14 days for mailing and processing. A return envelope is enclosed for your convenience. Mail payment and this voucher to:

489097699002

COLLECTION DIVISION
MICHIGAN DEPARTMENT OF TREASURY
PO BOX 30199
LANSING MI 48909-7699

Assessment Number TV98989	Date Issued 07/05/13
Taxpayer Name DEAL JULIE A	
Social Security/Account Number - 6060	
Write Payment Amount Here 	

Notify the Collection Division in writing if your address above is incorrect.

▼ DO NOT WRITE IN THIS SPACE ▼

000000851193 911989893 000000000009 137784606009 1

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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

IN RE:

CASE NO. 13-21498

CHAPTER 13

JUDGE DANIEL S. OPPERMAN

Howard Deal

Debtor

Julie Deal

Joint Debtor

AFFIDAVIT

STATE OF MICHIGAN)
COUNTY OF BAY) ss
)

Julie Deal, being duly sworn, deposes and states as follows:

1. I, Julie Deal was not married in 2010;
2. I, Julie Deal filed a individual tax return for tax year 2010;

Dated: September 12, 2013

/s/ Julie Deal
Julie Deal
Joint Debtor

Subscribed and sworn to before me this
12th day of September 2013.
/s/ Valerie E. Groulx
VALERIE E GROULX, Notary Public
County of Bay, State of Michigan
My Commission expires: January 15, 2015
Acting in Bay County
On 9/12/13 this notarial act was performed



PREPARED BY:
KIMBERLY KRAMER, P.L.C.
BY: KIMBERLY A. KRAMER (P59045)
Attorney for Debtor(s)
916 Washington Ave., Ste. 320
Bay City, MI 48708
(989) 671-4333
kimberlykramerplc@sbcglobal.net

SEP 19 2013

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**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN - NORTHERN DIVISION**

In re:

Howard Deal & Julie Deal,

Debtor(s),

Case No. 13-21498

Chapter 13 Proceeding

Hon. Daniel S. Opperman

**ORDER SUSTAINING OBJECTION TO PROOF OF CLAIM 13-1 -
MICHIGAN DEPARTMENT OF TREASURY, BANKRUPTCY UNIT**

THIS MATTER, having come before the Court on the Objections of the Debtors to the claim of Michigan Department of Treasury, and this Court being otherwise fully advised in the premises.

NOW THEREFORE, IT IS HEREBY ORDERED that the objection to claim 13 is sustained and the claim is disallowed in total.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN - NORTHERN DIVISION**

In re:

Howard Deal & Julie Deal,

Debtor(s),

Case No. 13-21498

Chapter 13 Proceeding

Hon. Daniel S. Opperman

**NOTICE OF OBJECTION TO PROOF OF CLAIM 13-1 -
MICHIGAN DEPARTMENT OF TREASURY, BANKRUPTCY UNIT**

Debtor has filed an objection to your claim in this bankruptcy case.

Your claim may be reduced, modified, or denied. You should read these papers carefully and discuss them with your attorney, if you have one.

If you do not want the court to deny or change your claim, then on or before November 7, 2013, you or your lawyer must:

- a. File with the court a written response to the objection, explaining your position at:

United States Bankruptcy Court
111 First Street
P.O. Box 911
Bay City, Michigan 48707

If you mail your response to the court for filing, you must mail it early enough so the court will receive it on or before the date stated above.

You must also mail a copy to:

Kimberly A. Kramer
Attorney for Debtors
916 Washington Ave., Ste. 320
Bay City, MI 48708
(989) 671-4333

Thomas W. McDonald, Jr.
Chapter 13 Trustee
3144 Davenport Avenue
Saginaw, MI 48602
(989) 672-6766

- b. Attend the hearing on the objection, scheduled to be held on **November 14, 2013 at 10:00 a.m. at** United States Bankruptcy Court, 111 First Street, Bay City, Michigan, unless your attendance is excused by mutual agreement between yourself and the objector's attorney. . (Unless the matter is disposed of summarily as a matter of law, the hearing shall be a pre-trial conference only; neither testimony nor other evidence will be received. A pre-trial scheduling order may be issued as a result of the pre-trial conference.)

If you or your attorney do not take these steps, the court may deem that you do not oppose the objection to your claim, in which even the hearing will be canceled, and the objection sustained.

Dated: September 26, 2013

Respectfully Submitted,
KIMBERLY KRAMER, P.L.C.
/s/ Kimberly A. Kramer
KIMBERLY A. KRAMER (P59045)
Attorney for Debtor
916 Washington Avenue, Suite 320
Bay City, MI 48708
(989) 671-4333
Kimberlykramerplc@sbcglobal.net

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN - NORTHERN DIVISION**

In re:

Howard Deal & Julie Deal,

Debtor(s),

Case No. 13-21498

Chapter 13 Proceeding

Hon. Daniel S. Opperman

CERTIFICATE OF SERVICE

STATE OF MICHIGAN)
)SS.
COUNTY OF BAY)

The following entities were served by first class mail on September 26, 2013;

Michigan Department of Treasury, Revenue and Collections Division, First Floor,
Treasury Building, Lansing, MI 48922;

Office of the U.S. Attorney, 101 First St., Ste. 200, Bay City, MI 48708;

Department of Justice, Tax Division, P.O. Box 55, Ben Franklin Station, Washington, DC
20044;

IRS, P.O. Box 330500, Stop 15, Detroit, MI 48226;

The following entities were served by electronic transmission September 26, 2013;

Thomas W. McDonald, Jr. ecf@mcdonald13.org

I, Valerie E. Groulx, declare under the penalty of perjury that I have served the attached document on the above listed entities in the manner shown, and prepared the Certificate of Service and that it is true and correct to the best of my information and belief.

**OBJECTION TO PROOF OF CLAIM 13-1 - MICHIGAN DEPARTMENT OF TREASURY,
BANKRUPTCY UNIT**

/s/ Valerie E. Groulx
VALERIE E. GROULX

PREPARED BY:
KIMBERLY KRAMER, P.L.C.
BY: KIMBERLY A. KRAMER (P59045)
Attorney for Debtor(s)
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